

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/831445

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/				/	
4	/				/	
5	/				/	
6	/		/		/	
7	/				/	
8	/				/	
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23	8		7		8	
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25	8		7		7	
26	8		7		7	
27					7	
28					1	
29					1	
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49						
50						
TOTAL IND.	1	↓	1	↓	3	↓
TOTAL DEP.	43	↔	133	↔	141	↔
TOTAL CLAIMS	44		134		147	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		↔			↔	
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS